

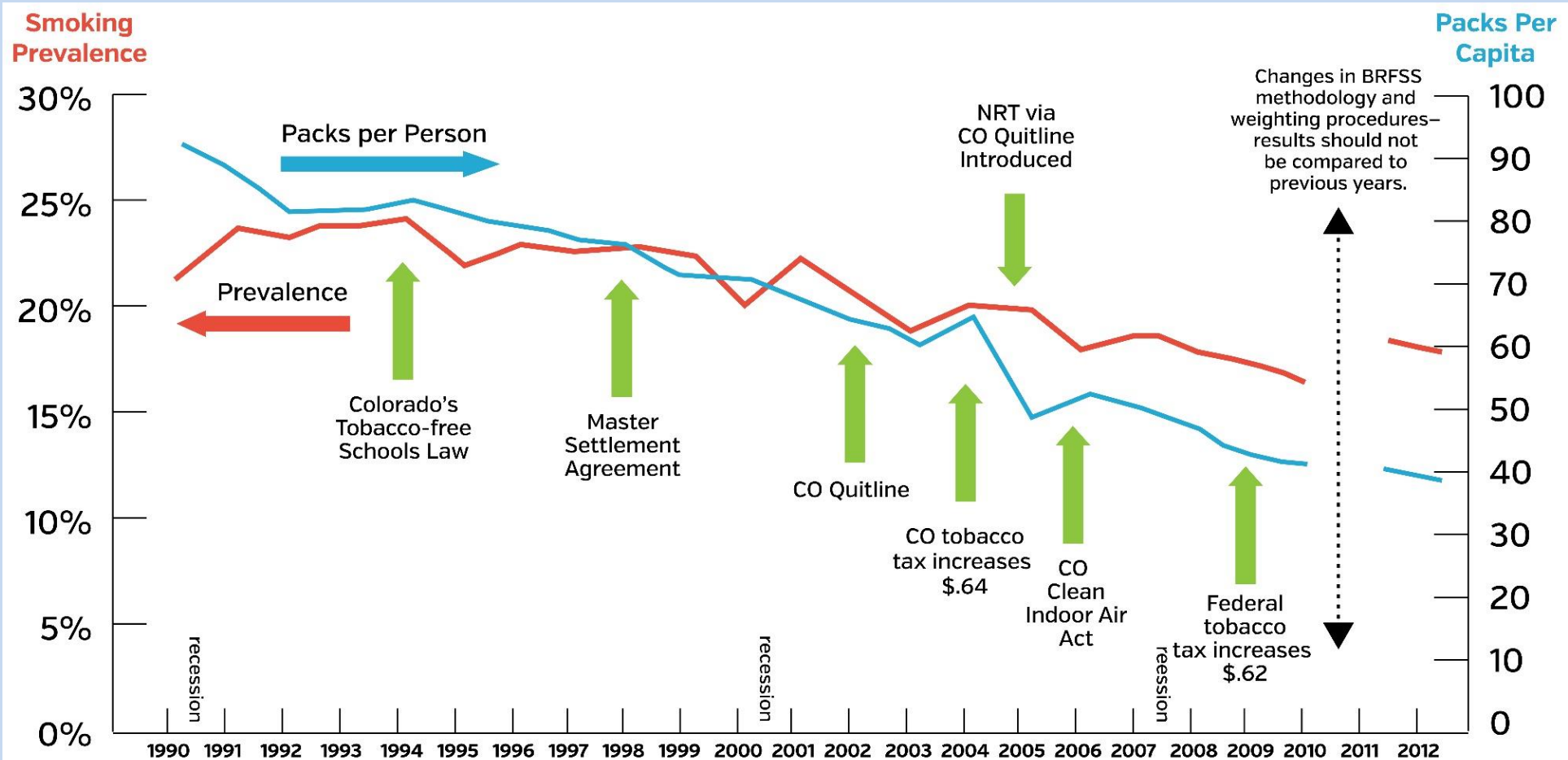
The Power of

ALL



COLORADO
Department of Public
Health & Environment

Colorado Adult Cigarette Smoking Prevalence & Per Capita Sales



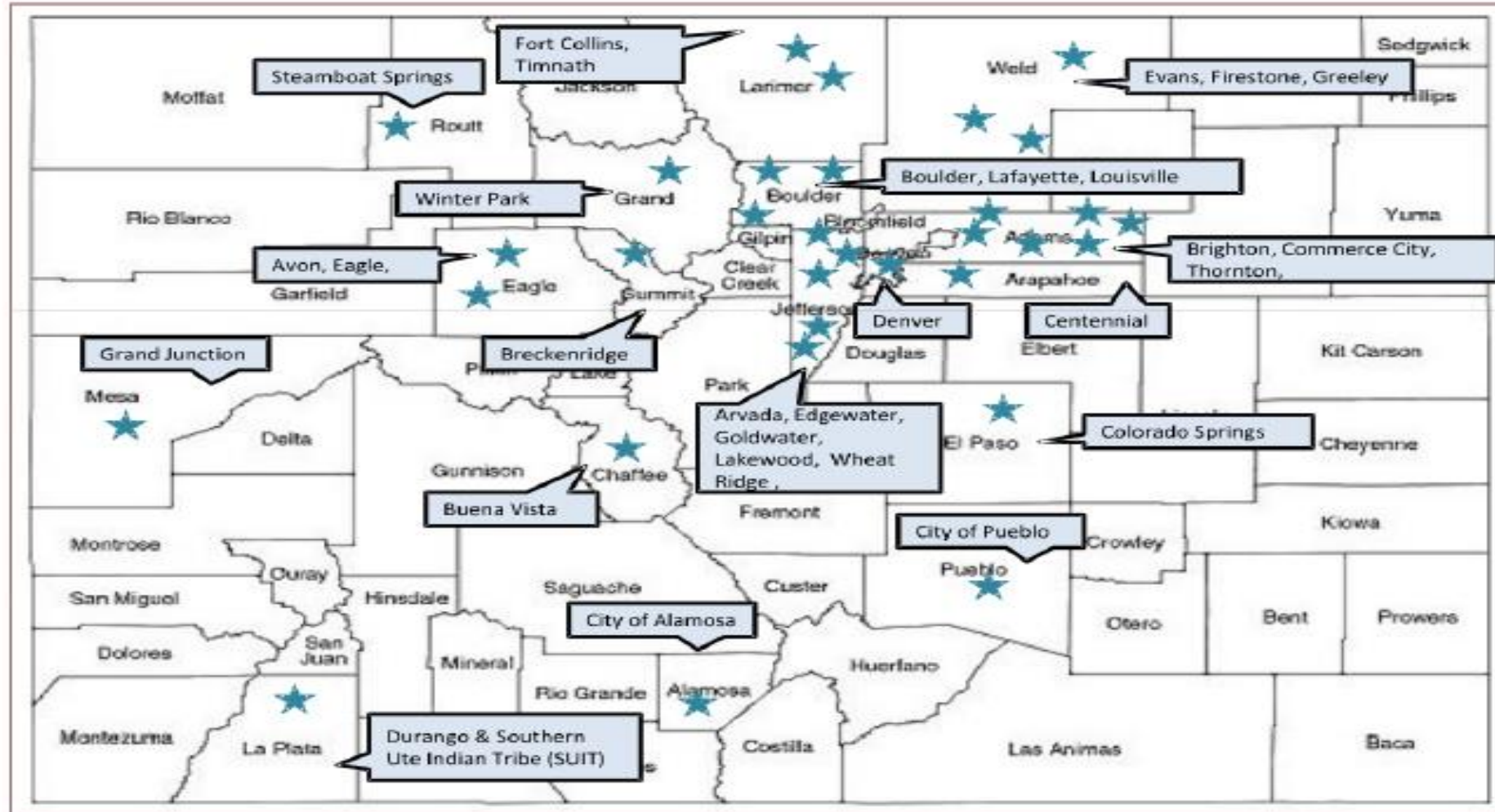
Source: Center for Disease Control and Prevention [CDC], Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, 1990-2012. Per Capita Sales - Colorado Department of Revenue.

Because of you

- Since 1998 - 200,000 Coloradans have quit smoking
- For every 1% drop in prevalence sustained over 5 years, we save 32,900 adults and 4,600 children from premature death
- Stop for a moment to consider the lives saved.
 - The additional years lived.
 - The family milestones celebrated

The Progress you have made

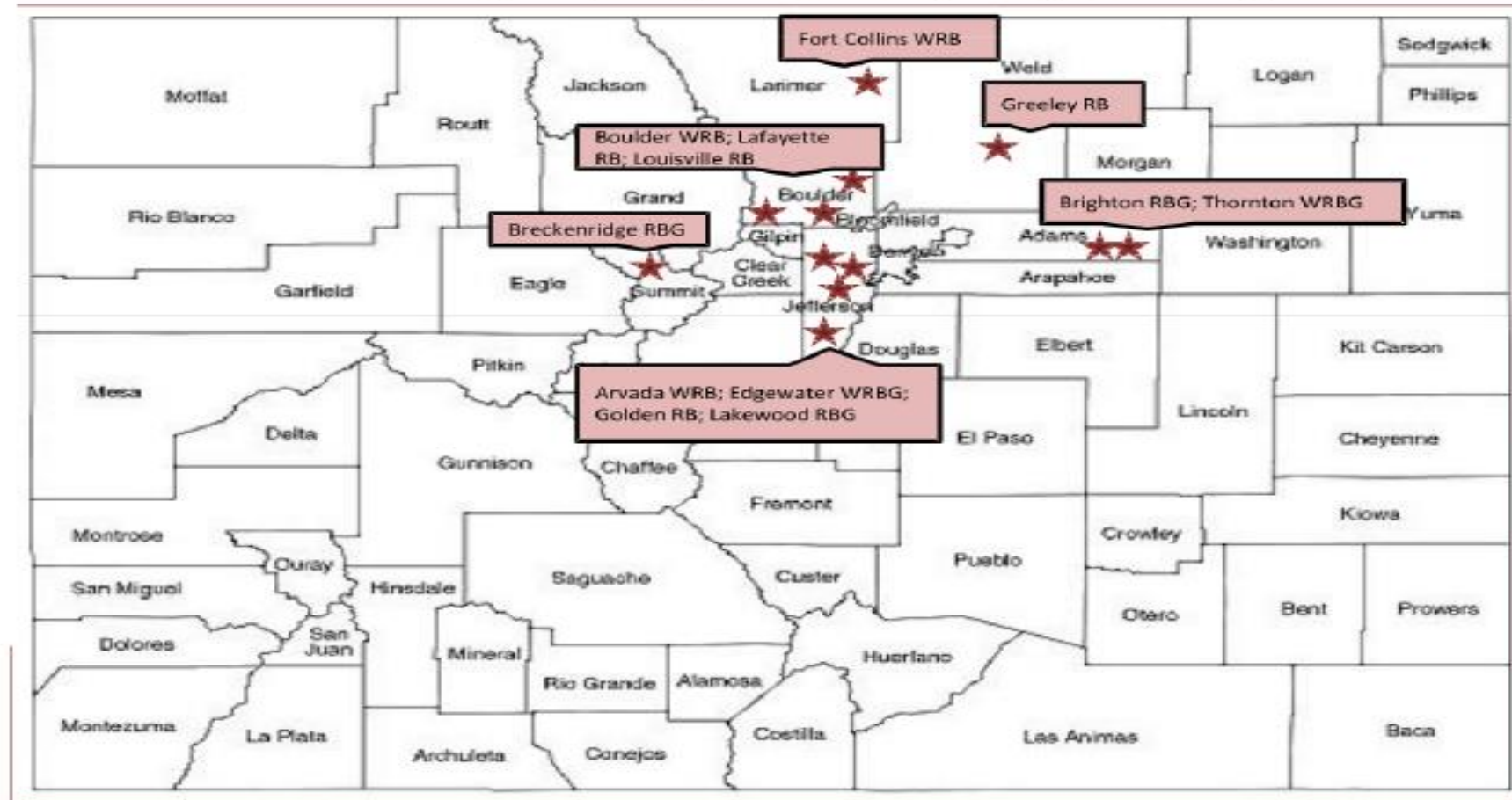
Goal 6: Smoke-Free Restaurants, Bars, Outdoor Recreation Areas, Downtowns, Events in CO



E-Cigarette Restrictions

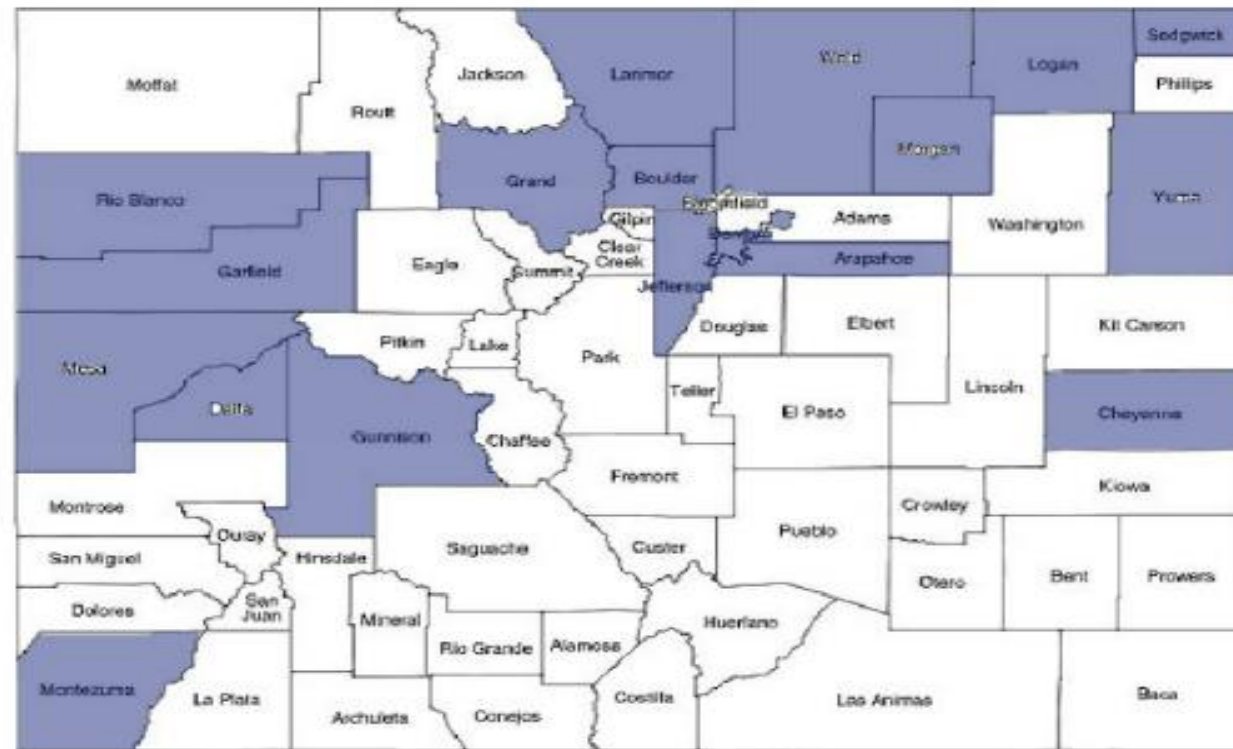
Goal 6: E-Cigarettes Restrictions

W-Non Hospitality Workplaces, R-Restaurants, B-Bars, G-Gambling Facilities



Second Hand Smoke policies

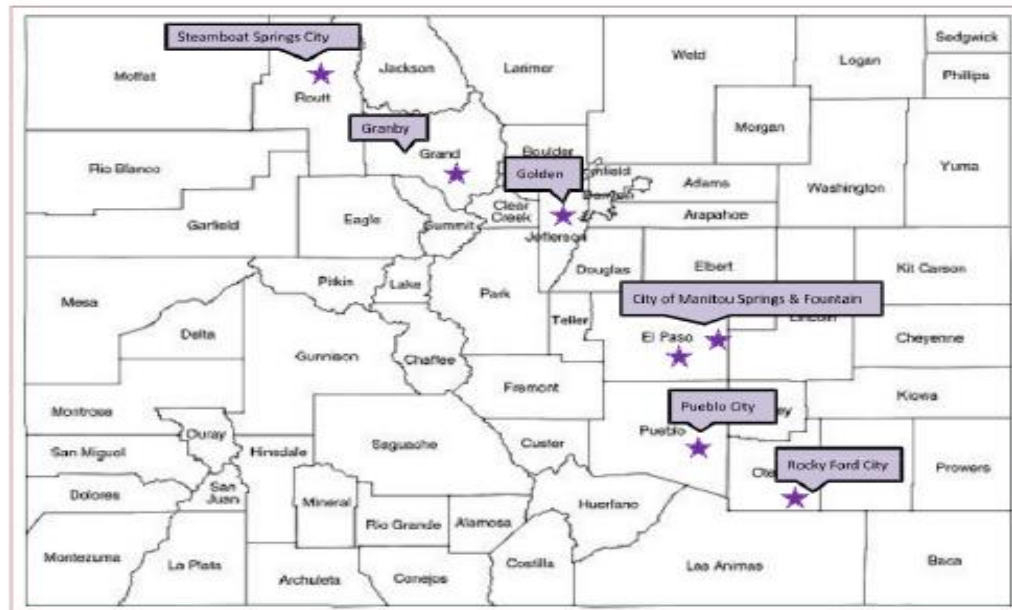
Multi-Unit Housing (Goal 6 - Strengthening protection from SHS)



Tobacco Retail

Non-Cigarette Tobacco Retail License (Goal 3 - Reducing Illegal Sales of Tobacco Products to Youth)

Goal 3: Non Cigarette Tobacco Retail License

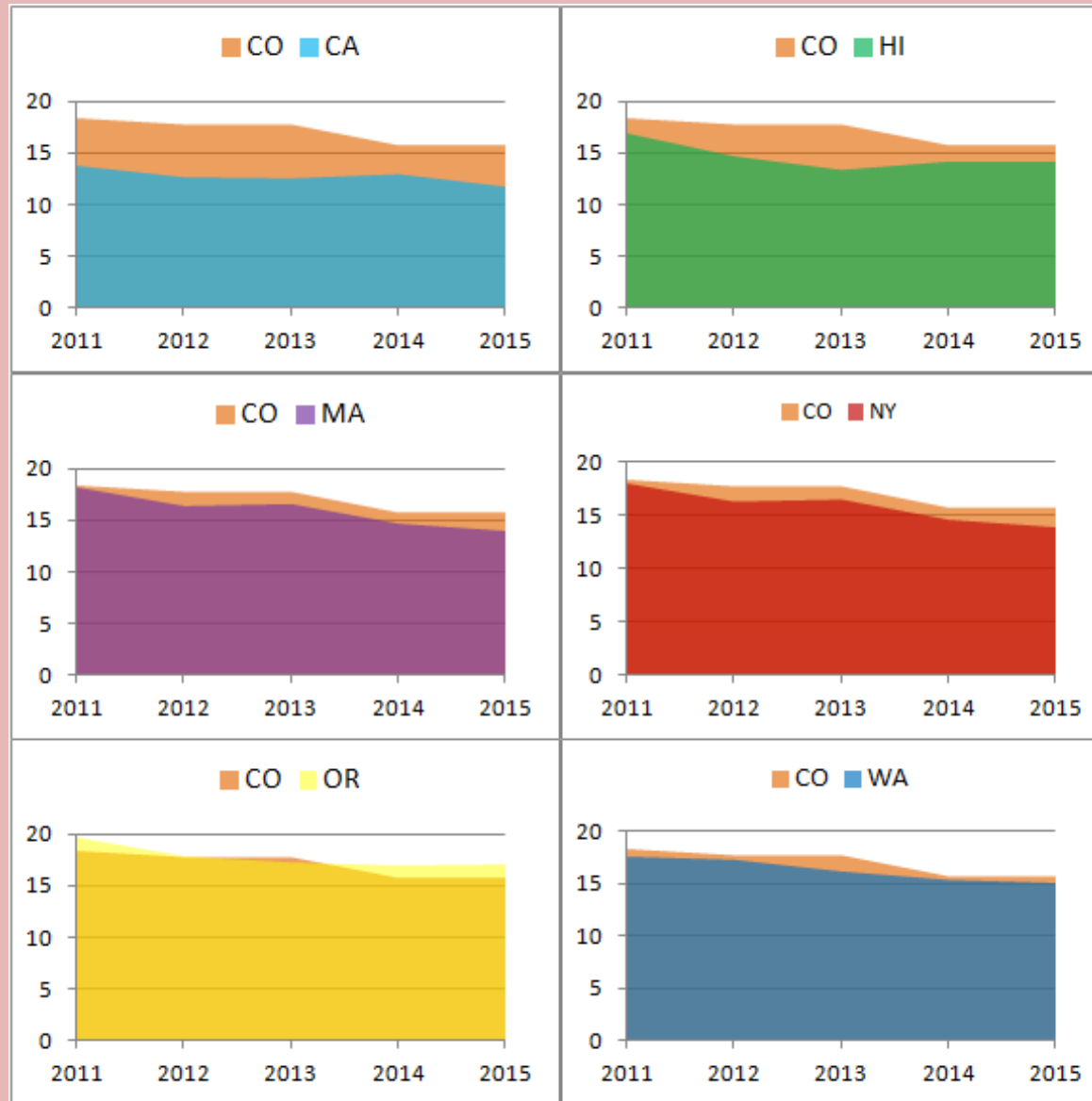


But we have work to do

- Tobacco will account for 5.6 million premature deaths nationally
- 90,000 kids in Colorado alive today will die prematurely because of tobacco
- Tobacco will kill over 5,000 Coloradans this year

Our Challenge Remains significant

- Tobacco Prevalence stabilized
- New products, new temptations
- Initiation is a significant problem
- Tobacco sales increased year over year from last year
- Smoking has become a health equity crisis



Getting
Unstuck:
All States are
Struggling with
Tobacco
Control

Moving the Mark
on Disparities
Boot Camp
Spring 2014

What Was It?

- A coordinated literature review
- An effort to rate and prioritize evidence-based strategies focused on disparately-affected populations
- Inform STEPP's strategies
- Help define funding priorities

A Team Effort

- Sorted into 6 population groups facing higher burden from tobacco (as identified in TABS)
- 42 Partners joined with STEPP team (52 participants total)
- 170 Interventions/studies reviewed
- 40 Strategies discussed

Diversity of Participation

CDPHE - HSEB	7
CDPHE - OPPI	1
CDPHE – PSD	6
CDPHE - Tobacco Team	10
LPHA staff	12
TA Provider	10
Grantees	4
Federal Partner	1
State Agency	1

Populations/Teams

Population	Team Lead
Youth (Middle and High School)	Sharon Tracey
Young Adults Straight To Work (STW)	Stephanie Walton
Low-SES Adults	Jill Bednarek
Race/Ethnicity	Emma Goforth
Behavioral Health (MH)	Jennifer Schwartz
LGBT Adults	Terry Rousey

Sources for the evidence-base in tobacco control

□ Systematic reviews

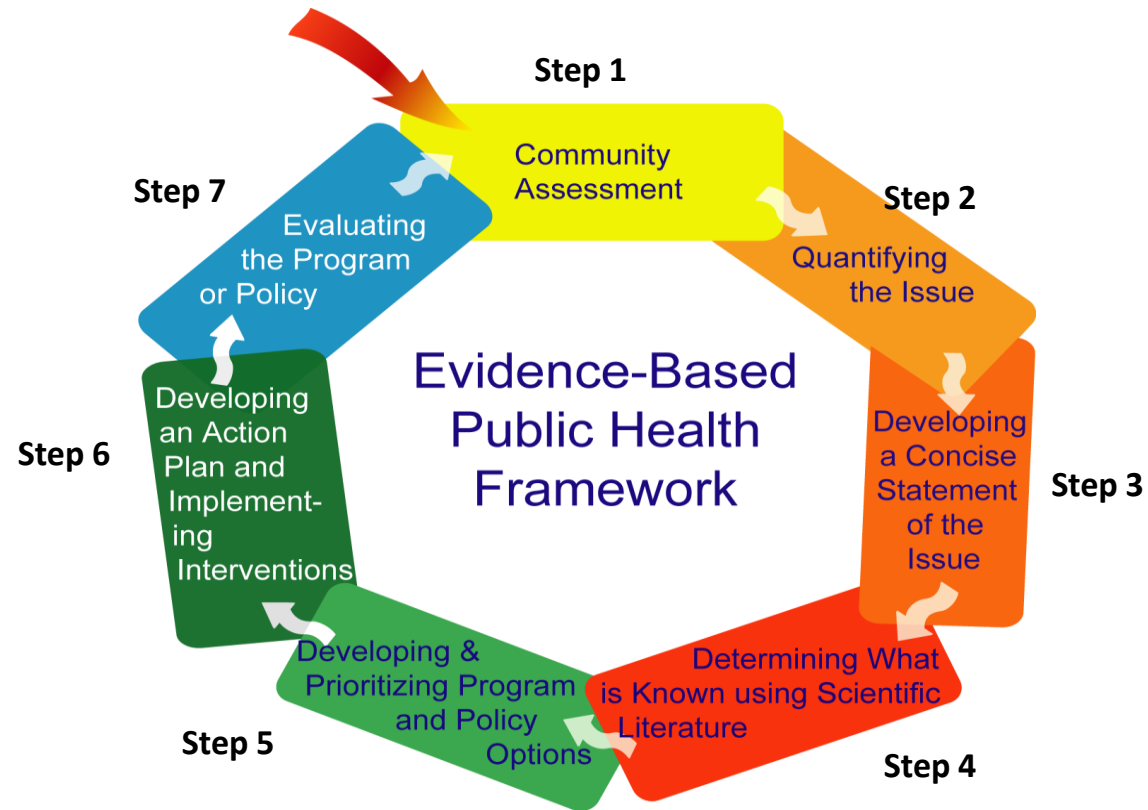
- Best Practices for Comprehensive Tobacco Control Programs (2007, CDC)
- Guide to Community Preventive Services (CDC)
- US Prevention Services Task Force Recommendations
- US Public Health Service – Clinical Practice Guideline (2008)

□ Gray literature

- Institute of Medicine: Ending the Tobacco Problem: A Blueprint for the Nation
- National Institutes of Health
- World Health Organization – Convention on Tobacco Control

□ Refereed journal articles

Evidence-Based Public Health Framework



Slide adopted from presentation by Ross Brownson, PhD (2011)

Day #1

- How to rate evidence, conduct a focused search and identify and select articles for review
- How to critique and summarize articles
- First 4 steps of the evidence-based public health framework

Day #2

- Rating the Literature
- 40 Summaries of Evidence
- 6 Sector Reports

Evidence Classification Typology

	How Established	Considerations for Level of Scientific Evidence	Data Source Examples
Proven	Peer review via systematic or narrative review	Based on study design and execution External validity Potential side benefits or harms Costs and cost-effectiveness	Community Guide Cochrane reviews Narrative reviews based on published literature
Likely Effective	Peer Review	Based on study design and execution External validity Potential side benefits or harms Costs and cost-effectiveness	Articles in the scientific literature Research-tested intervention programs Technical reports with peer review
Promising	Written program evaluation without formal peer review	Summative evidence of effectiveness Formative evaluation data Theory-consistent, plausible, potentially high-reach, low-cost, replicable	State or federal government reports (without peer review) Conference presentations
Emerging	Ongoing work, practice-based summaries, or evaluation works in progress	Formative evaluation data Theory-consistent, plausible, potentially high-reaching, low-cost, replicable Face validity	Evaluability assessments* Pilot studies National Institute of Health (NIH) research (RePORT database) Projects funded by health foundations
Not Recommended	Varies.	Evidence of effectiveness is conflicting and/or of poor quality. Weak theoretical foundation Balance of benefit and harm cannot be established or evidence demonstrates that harm outweighs the benefits.	Varies.

170 Reviewed Items Classified into 40 Summaries of Evidence:

- How applicable is the strategy to our population in Colorado?
- Is it scalable?
- Does adopting this strategy require specialized expertise?
- Any concerns implementing the strategy?
- Is it worth additional study in Colorado?

6 Sector Reports completed

Strategies that rose to the top

- 40 strategies
- 5 proven
- 35 likely, promising or emerging
- STEPP reviewed the docs and made recommendations to Tobacco Review Committee
- Winnowed list of 15 priority strategies
- Included in the current funding portfolio.

www.colorado.gov/cdphe/MovingtheMark

A key theme emerged...

- Strategies that are effective at addressing tobacco cessation, prevention and initiation among the general population are also effective with the priority populations
- The question: how to reach these populations and tailor the strategies to meet their needs.
- The literature was less instructive in how to tailor and reach these populations

Low SES Team: State & Community Interventions

- Price Increase

Level of Evidence: Proven

- Smoke-Free Home Rule

Level of Evidence: Likely

✓ONE Step

- Fee for tobacco retail license

Level of Evidence: Emerging

✓8 communities passed a licensing ordinance

Low SES Team: State & Community Interventions

- Targeted marketing; emotionally graphic, hard hitting
Level of Evidence: Likely
✓ Tips from Former Smokers campaign
- Statewide smoke-free car laws
Level of Evidence: Promising
Opportunity

Low SES Team:

Health Systems Change

- 2A/Connect through Primary Care (EMR)
Level of Evidence: Likely
✓DHHA E-Referral
- 2A/R: Dental Setting
Level of Evidence: Proven
✓Multiple LPHA Grantees
- Provider Education to increase Medicaid utilization
Level of Evidence: Likely
✓ JSI Medicaid Tobacco Cessation Benefits Promotion

Race/Ethnicity Team:

- Quitline services

Level of Evidence: Proven

- ✓ Coaches: bilingual Spanish, Bilingual Arabic, Language Line & cultural competency training
- ✓ Pregnancy and Postpartum protocol
- ✓ Native American Commercial Tobacco (own website & own phone protocol)

- Targeted mass marketing to promote cessation services

Level of Evidence: Proven

- ✓ Tips from Former Smokers campaign

Race/Ethnicity Team:

- **Hospital cessation**

Level of Evidence: Proven

✓ 5 hospitals

- **Adult cessation in the workplace**

Level of Evidence: Proven

✓ Multiple LPHA Grantees working under goal area 4

Behavioral Health Team:

- Development and promotion of clinical guidelines by diagnosis

Level of Evidence: Likely

- ✓ Behavioral Health and Wellness Program

18-24 Straight to Work Team:

- Expanding SHS protections with an emphasis on bars and patios

Level of Evidence: Likely Effective

✓ Multiple LPHA grantees

- Providing digital, mobile cessation support such as text messaging and apps

Level of Evidence: Likely Effective

✓ This Is Quitting (contract executed last week)

Youth Team:

- Tobacco Free Schools Policy
Level of Evidence: Likely Effective
 - ✓ Multiple LPHA grantees
- Multi-Domain, Multi-Sectoral strategy
Level of Evidence: Likely Effective
 - ✓ Tobacco is Nasty
 - ✓ Tobacco Free Schools
 - ✓ NOT on Tobacco
 - ✓ Second Chance
 - ✓ Retail (community education, mobilization, retailer education, licensing with enforcement)
 - ✓ ONE Step

LGBT Team:

- Quitline and other cessation services (classes/groups)

Level of Evidence: Likely

- ✓ Focus groups conducted by SE2
- ✓ Creative rolling out before end of FY 2017

What Didn't Make It In?

Strategy	Evidence rating	Strategy	Evidence rating
Comprehensive, multi-component Health Systems change	Promising	Patient incentives to increase awareness	Not recommended
Anti-tobacco counter marketing	Emerging	Patient intervention using NRT in the system	Emerging
Restrictions of tobacco advertising in bars	Not recommended	Retail Density	Informative
Provider Incentives	Not recommended	Partner with Chronic Disease Program	Informative
NRT Call back	Emerging	Community based cessation	Not recommended
Cell phone prompt	Emerging	Community based cessation outreach	Not recommended
Strategies to enhance medication adherence	Not recommended	Required plain packaging	Emerging

Other Promising Ideas

Strategy	Evidence Rating	Strategy	Evidence Rating
Integrated, provider based cessation services	Likely Effective	Recruitment to cessation services	Emerging
Cessation groups	Likely Effective	Incentives to patient/ reduce barriers	Likely Effective
Flavor bans	Emerging	Youth Access	TBD

Familiar but Different

- You'll recognize these strategies
- The strategies build on the existing evidence
- The key is in the outreach – how you connect.
- Tailor the familiar

Current STEPP Portfolio: \$23 million

Bucket	Actual	CDC Recommendations
State and community interventions - LPHA grantees	30.68	30-35%
Technical Assistance, Training and Support - CO School of Public Health; Denver Health, RMC, Behavioral Health & Wellness	7.07	NA
Statewide media & communications - SE2; Inline, Other	20.45	18%
Statewide Cessation activities - Quitline; Denver Health, JSI Int'l	34.09	33-37%
Surveillance and Evaluation - CEPEG	5.91	8%
Administration - CDPHE.	2.95	4%



- The importance of partnerships
- None of us can do it alone
- It's up to us
- Don't wait, because no one else is coming

Thank you

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